

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/584,845

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		3		1		
6		3		1		
7		3		1		
8		①		1		
9		1		1		
10		2		1		
11		2		1		
12		②		1		
13		②		1		
14		②		1		
15		②		1		
16		②		1		
17		②		1		
18		②		1		
19		②		1		
20		②		1		
21		②		1		
22		②		1		
23		②		1		
24		②		1		
25		②		1		
26		②		1		
27	1		1			
28		1		1		
29		②		1		
30		②		1		
31		②		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	38	←	29	←		←
TOTAL CLAIMS	40		31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						